



Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

hscrc.trustees@maryland.gov <hscrc.trustees@maryland.gov>
Reply-To: hscrc.trustees@maryland.gov
To: hscrc.trustees@maryland.gov

Thu, Oct 24, 2019 at 12:36 PM

DATE OF STATEMENT: 10/24/2019

PERIOD COVERED: FROM: 07/01/2018 **TO:** 06/30/2019

TRUSTEE, DIRECTOR, OR OFFICER NAME: Sherry B Perkins

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [3001 Hospital Drive Cheverly MD 20785](#)

HOSPITAL NAME: University of Maryland - Capital Regional Health

HOSPITAL ADDRESS: [3001 Hospital Drive Cheverly MD 20785](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Maryland Hospital Association

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [6820 Deerpath Road Elkridge MD 21075](#)

MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Major Business- Hospital Advocacy

TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY: Board Member

TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Membership dues

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: \$251, 565

DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:

PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER: Sherry B Perkins

COMPLETED BY: Sherry B Perkins , sperkins57@icloud.com, 443-878-5327



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Reply-To: hscrc.trustees@maryland.gov
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Tue, Oct 29, 2019 at 1:51 PM

DATE OF STATEMENT: 10/29/2019

PERIOD COVERED: FROM: 07/01/2018 **TO:** 06/30/2019

TRUSTEE, DIRECTOR, OR OFFICER NAME: Kenneth Jones

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: 2411 Parkway, [Cheverly, MD 20785](#)

HOSPITAL NAME: University of Maryland - Capital Regional Health

HOSPITAL ADDRESS: [3001 Hospital Drive, Cheverly, MD 20785](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Comcast

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: 2411 Parkway, Cheverly, MD 20785

MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Major Business - Internet Utility

TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY: Senior Executive

TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Business Internet Services

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: \$60,843

DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:

PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER: Kenneth Jones

COMPLETED BY: Jeffrey Stavelly, jstavelly@umm.edu, 410-328-6031



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Tue, Oct 29, 2019 at 1:51 PM

DATE OF STATEMENT: 10/29/2019

PERIOD COVERED: FROM: 7/1/2018 **TO:** 6/30/2019

TRUSTEE, DIRECTOR, OR OFFICER NAME: Bijan Bahmanyar, M.D.

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [3001 Hospital Drive, Cheverly, MD 20785](#)

HOSPITAL NAME: University of Maryland - Capital Regional Health

HOSPITAL ADDRESS: [3001 Hospital Drive, Cheverly, MD 20785](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: University of Maryland Capital Region Health

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [3001 Hospital Drive, Cheverly, MD 20785](#)

MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Professional - Clinical

TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY: Medical Staff President

TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Clinical and Medical Director Services

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: \$95,000

DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:

PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER: Bijan Bahmanyar, M.D.

COMPLETED BY: Jeffrey Stavely, Jstavely@umm.edu, 410-328-6031



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DATE OF STATEMENT: 10/29/2019

PERIOD COVERED: FROM: 7/1/2018 **TO:** 6/30/2019

TRUSTEE, DIRECTOR, OR OFFICER NAME: Robert A. Chrencik

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [250 West Pratt Street, 24th Floor Baltimore, MD 21201](#)

HOSPITAL NAME: University of Maryland - Capital Regional Health

HOSPITAL ADDRESS: [3001 Hospital Drive Cheverly, MD 20785](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Maryland Hospital Association

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [6820 Deerpath Road, Elkridge, MD 21075](#)

MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Major Business - Hospital Advocacy

TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY: Board Member

TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Membership Dues

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: \$251,565

DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:

PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER: Robert A. Chrencik

COMPLETED BY: Jeffrey Stavely, Jstavely@umm.edu, 410-328-6031